

03-05 02

Attorney Docket No. 10194.8041.US01

jc997 U.S. PTO
10/090265

03/04/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Certification under 37 CFR §1.10 (if applicable)

EL 889 537 449 US

Express Mail Label Number

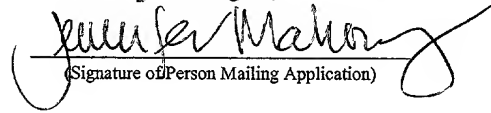
March 4, 2002

Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Jennifer L. Mahoney

(Print Name of Person Mailing Application)



(Signature of Person Mailing Application)

Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)

Box Patent Application**Assistant Commissioner for Patents****Washington, D.C. 20231**

Sir: Transmitted herewith for filing is a patent application by inventor(s): Charles S. Zappala, and entitled:

Real-Time Network Analysis and Performance Management1. Enclosed are:

- ☒ This Transmittal letter.
- ☒ One stamped, self-addressed postcard for PTO datestamp.
- ☒ Certificate of Express Mail.
- ☒ One utility patent application containing text pages 1-18 and
- ☒ 8 Sheets of drawings.
- ☒ Declaration of Inventorship (unsigned).

2. U.S. Priority

- ☒ This application claims the benefit of U.S. Provisional Application No. 60/273,739 filed March 6, 2001.
- ☒ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing *if* required to establish cendency with the parent after all papers filed herewith have been considered.

3. Foreign Priority

- ☐ Priority of Application No. filed in on is claimed under 35 USC §119.
- ☐ A certified copy of this priority document is enclosed.

4. Fees

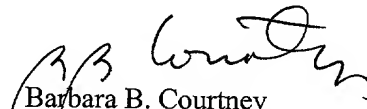
The filing fee has been calculated as shown below:

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$370.00	or		\$740.00
Total Claims	25 - 20	5	x \$ 9 =	\$	or	x \$ 18 =	\$90.00
Independent Claims	5 - 3	2	x \$42 =	\$	or	x \$ 84 =	\$168.00
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$140 =	\$	or	+ \$280 =	\$
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$	or	TOTAL	\$830.00

- ☒ Please charge Deposit Account 50-0665 in the amount of \$830.00.
- ☒ The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account 50-0665.

Respectfully submitted,

Date: 3-4-02


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